

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled **MEDICAL ADHESIVE DRESSING**, the specification of which is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office (the Office), all information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations (C.F.R.), Section 1.56.

CLAIM OF PRIORITY

I hereby claim foreign benefits under Title 35, United States Code (U.S.C.), Section 119(a)-(d) or § 365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application, having a filing date before that of the application on which priority is claimed.

Application Ser. No. {Number} filed in {Country} on {Date}

I hereby claim the benefit under 35 U.S.C. § 120, of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the above-identified specification, including claims, discloses and claims subject matter in addition to that disclosed in the prior copending application(s), listed below, I acknowledge the duty to disclose to the Office, all information which is known by me to be material to patentability as defined in 37 C.F.R. § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Serial No. {serial no.}, filed on {date}, and now {status}

POWER OF ATTORNEY

I hereby appoint the practitioners associated with the Customer Number provided below (*i.e.*, the practitioners associated with the law firm of Price, Heneveld, Cooper, DeWitt and Litton) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please direct all correspondence to the address associated with that Customer Number.

Customer Number 000,277

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true, and further, these statements are made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Sole inventor:

Adrian L. Faasse, Jr. Date
Citizenship: U.S.A.
Residence: 17108 Ridgeback Road
Carmel Valley, California 93924
Post Office Address: Same as above.

10071713.020702

Applicant : Adrian L. Faasse, Jr.
For : MEDICAL ADHESIVE DRESSING

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR §1.9[f] and 1.27[c]) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

- () the owner of the small business concern identified below:
(x) an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF CONCERN: Corium Corporation
ADDRESS OF CONCERN: 4550 Airwest Drive SE, Grand Rapids, Michigan 49512-3950

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR §121.3-18, and reproduced in 37 CFR §1.9(d), for purposes of paying reduced fees under sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **MEDICAL ADHESIVE DRESSING** by inventor Adrian L. Faasse, Jr. described in:

- (x) the specification filed herewith.
() application Serial No. _____, filed _____.
() Patent No. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR §1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR §1.9(e). *NOTE: Separate Verified Statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR §1.27).

NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR §1.28[b]).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this Verified Statement is directed.

NAME OF PERSON SIGNING Randy Rutherford
TITLE OF PERSON OTHER THAN OWNER Vice President, Business Development
ADDRESS OF PERSON SIGNING 17134 Timberdunes Drive, Grand Haven, Michigan 49417
SIGNATURE _____ DATE _____